RnR Rescue • Smithville, Texas

Phone: 877-977-6773 Email: Info@RNRRescue.com

APPLICATION FOR EMPLOYMENT

The public service nature of our operation requires that we carefully screen applicants. Your honest and careful completion of this application is required. Please print all information.

NAME _____ DATE _____
LAST , FIRST MIDDLE (AS ON DRIVERS LICENSE) OF SUBMISSION

ADDRESS _____ _____ , _____ , ___ _____
NUMBER STREET CITY ST ZIP

HOME PHONE _____ EMAIL _____ CELL PHONE _____

DATE OF BIRTH _____ AGE _____ SOCIAL SECURITY #_____

DRIVER LICENSE #_____ STATE _____ CLASS _____ RESTRICTIONS _____

EMPLOYER _____

ADDRESS _____

YEARS WITH PRESENT EMPLOYER _____ OCCUPATION/POSITION _____

SUPERVISOR _____ WORK PHONE _____

If with present employer for less than six months, list previous employers, phone numbers and length of employment:

_____

_____

MARITAL STATUS SINGLE [ ] MARRIED [ ] IF MARRIED, SPOUSE'S NAME _____

EMERGENCY CONTACT _____ PHONE _____

ADDRESS _____RELATIONSHIP _____

BENEFICIARY _____ PHONE _____

ADDRESS _____RELATIONSHIP _____

EDUCATION LEVEL - HIGH SCHOOL DIPLOMA YES [ ] NO [ ] G.E.D. OR EQUIVALENT YES [ ] NO [ ]
You must be a high school graduate or have an equivalent education

MILITARY SERVICE: YES [ ] NO [ ] IF YES, HOW LONG _____ TYPE OF DISCHARGE _____
You must provide a copy of your discharge papers or DD Form 214

FIRE FIGHTING EXPERIENCE - Explain _____

YEARS _____ From _____ To _____ CERTIFICATIONS _____

Attach copies of all training records and certifications

EMS EXPERIENCE - Explain _____

DEPT. OF HEALTH CERTIFICATION (ECA, EMT, EMT-I, EMT-P) _____ EXPIRES _____

Attach copies of EMS certification

CURRENT FIRE DEPTARTMENT NAME _____

SUPERVISOR _____ PHONE _____

REASON FOR LEAVING _____

HOW LONG HAVE YOU BEEN A RESIDENT OF THE STATE? _____

If less than three years, list below all address(s) of residency for the past three years

_____

_____

***LIST TRAFFIC VIOLATIONS OR CHARGEABLE ACCIDENTS FOR THE PAST THREE YEARS**

_____

_____

***HAS YOUR DRIVERS LICENSE EVER BEEN REVOKED OR SUSPENDED?** **YES [ ] NO [ ]**

***HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A FELONY?** **YES [ ] NO [ ]**

***HAVE YOU BEEN CONVICTED OF A MISDEMEANOR IN THE PAST THREE YEARS?** **YES [ ] NO [ ]**

***ARE YOU CURRENTLY ON PROBATION or PAROLE?** **YES [ ] NO [ ]**

*** ARE ANY CRIMINAL CHARGES AGAINST YOU PENDING?** **YES [ ] NO [ ]**

If you answered "YES" to any of the above questions, please explain below or on a separate sheet:

_____

_____

_____

Any changes to items marked with an asterisk must be reported to the organization within 72 hours

A poor driving record and/or certain criminal histories could be cause for rejection of your application. If you become a teammember, periodic personal driving record and criminal history checks will be made by RNR. You should also understand and agree that controlled substance (drug) testing may be required as part of an accident investigation and/or on a periodic, unannounced basis. Refusal to participate in this testing or positive test results will result in your dismissal from RNR Rescue.

YOUR DRIVING AND CRIMINAL RECORDS ARE CONFIDENTIAL.

Only those people directly involved in the application and eligibility process will have access to this information.

COPIES OF THE ITEMS BELOW MUST BE TURNED IN WITH THE APPLICATION:

DRIVING RECORD [ ] CRIMINAL RECORD [ ] LIABILITY INSURANCE [ ]

DRIVERS LICENSE [ ] H.S. DIPLOMA OR EQUIVALENT [ ] MEDICAL PHYSICAL [ ]

MEMBERS MUST MAINTAIN PERSONAL AUTO LIABILITY INSURANCE

APPLICANTS MUST COMPLETE THE ATTACHED "MEDICAL STATEMENT AND QUESTIONNAIRE"

APPLICANTS MUST TURN IN A COMPLETED MEDICAL DOCTORS PHYSICAL

I CERTIFY that I have read and understand this application and that the information, statements and attachments I have provided with this application are true and correct to the best of my knowledge and authorize the verification of same. Any misrepresentation or deliberate omission of a fact in this application shall be grounds for rejection of my application or, if a member, grounds for termination.

APPLICANT'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

APPLICATION CHECKED BY: _____ DATE _____

RECOMMENDATION: APPROVAL [ ] DISAPPROVAL [ ]

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MEDICAL STATEMENT AND QUESTIONNAIRE

NAME _____ DATE _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

Please describe your general state of your physical and mental health.

_____

_____

Firefighting, rescue operations and EMS activities can be physically and emotionally stressful. Do you have any condition or disability that might prevent or restrict your activities? Yes [ ] No [ ]

If yes, explain. _____

CHECK EACH ITEM: EXPLAIN "YES" ANSWERS TO QUESTIONS MARKED WITH AN ASTERISK (*****) IF ADDITIONAL SPACE IS REQUIRED, USE THE BACK OF THIS PAGE AND REFER TO QUESTIONS BY LETTER REFERENCE.	YES	NO
A. Are you blind in either eye?		
B. Do you wear glasses or contact lenses? If yes, what is your uncorrected vision?		
C. Have you had a tetanus shot? If yes, provide date of last shot.		
D. Have you ever lived with anyone who had tuberculosis?		
E. Are you allergic to bee, wasp or ant stings?		
F. Have you ever attempted suicide?		
G. Have you ever bled excessively after injury or tooth extraction? *		
H. Are you taking any medication for a chronic condition? *		
I. Have you used any illegal drugs in the last year? *		
J. Have you ever been treated for a mental condition? *		
K. Have you ever been denied life or health insurance? *		
L. Have you ever been advised to have any medical procedure or surgery? *		
M. Do you have any sensitivity to dust, sunlight or chemicals? *		
N. Have you been hospitalized within the past year? *		
O. Have you been treated by a doctor or any practitioner within the last year? *		
P. Are you unable to perform some motions, lift heavy objects or assume some positions? *		
Q. Do you smoke? If yes, how much per day? *		
R. Have you ever coughed up blood? *		
S. Have you ever been exposed to or checked positive for HIV? *		
T. Have you ever been knocked out or lost consciousness? *		

MEDICAL STATEMENT AND QUESTIONNAIRE

PLEASE CHECK EACH ITEM AND EXPLAIN "YES" ANSWERS ON THE BACK OF THIS PAGE
If you do not know the answer or are unsure of YES or NO, mark the box under the "**?**"

HAVE YOU EVER HAD:	YES	NO	?	HAVE YOU EVER HAD:	YES	NO	?
1. swollen or painful joints				31. leg cramps			
2. rheumatic fever				32. frequent indigestion			
3. dizziness or fainting				33. gallstones			
4. eye trouble				34. jaundice or hepatitis			
5. ear, nose or throat trouble				35. stomach or intestinal trouble			
6. hearing loss				36. broken bones			
7. severe headache				37. tumor, cyst or growths			
8. chronic colds				38. scarlet fever			
9. blood, albumen or sugar in urine				39. nervous trouble of any sort			
10. sinuses				40. rupture or hernia			
11. emphysema or bronchitis				41. piles or rectal trouble			
12. skin disease				42. kidney stone			
13. thyroid trouble				43. communicable disease			
14. head injury				44. arthritis or bursitis			
15. high blood pressure				45. asthma			
16. low blood pressure				46. loss of finger or toe			
17. shortness of breath				47. chronic back pain			
18. pain or pressure in chest				48. foot or knee trouble			
19. chronic cough				49. neuritis or nerve inflammation			
20. heart trouble				50. paralysis			
21. tuberculosis				51. tooth or gum trouble			
22. recent gain or loss of weight				52. trick knee, elbow or shoulder			
23. adverse reaction to drugs or serum				53. loss of memory or amnesia			
24. frequent or painful urination				54. palpitations or pounding heart			
25. liver trouble				55. received Hep-B vaccine			
26. epilepsy or seizures				56. trouble sleeping			
27. diabetes				57. depression or anxiety			
28. unconsciousness or fainting				58. fear of heights			
29. cancer				59. claustrophobia			
30. motion sickness				60. other phobias			

You are required to provide a medical doctors physical confirming your ability to function as a rescuer.

I CERTIFY that the medical information supplied by me on these two pages is true and correct to the best of my knowledge. I authorize officials of RnR Rescue to contact my doctor to verify this information and I authorize my doctor to release information needed for verification.

SIGNATURE _____ DATE _____